



Oakland
Code Enforcement
1 Municipal Plaza
Oakland, NJ 07436

Violation # CVIO-20-00295

Violation Warning

175 RAMAPO VALLEY ROAD LLC
175 RAMAPO VALLEY RD
OAKLAND, NJ 07436

☒ Issued to Owner
☐ Issued to Tenant

Re: 175 RAMAPO VALLEY RD

Block 2401 Lot 5 Qual

You are hereby notified that a code official inspected the above referenced premises and determined that there is a violation of the municipal code. The violation listed below must be completed on or before the violation abatement date indicated. Failure to obey this order of the code official shall result in the issuance of a summons resulting in a mandatory court appearance and possible penalty assessment in compliance with this code.

Inspection Date: 10/2/2020

Violations to be Abated by: 10/12/2020

The following violation(s) were found

Section PM-603.1

Title Mechanical equipment

All mechanical equipment, fireplaces and solid fuel-burning appliances shall be properly installed and maintained in a safe working condition, and shall be capable of performing the intended function.

Summary of infraction

EXTERIOR FAN IS OVER THE ALLWABLE DECIBLE LEVEL. MUST BE REPAIRED BY COMPLIANCE DATE

You may call the Code Enforcement office if you have any further questions concerning this matter at
201-337-8111 X2025

JOHN WITTEKIND

Date Printed 10/2/2020



Oakland
Code Enforcement
1 Municipal Plaza
Oakland, NJ 07436

Violation # CVIO-20-00147

Violation Warning

175 RAMAPO VALLEY ROAD LLC
175 RAMAPO VALLEY RD
OAKLAND, NJ 07436

☒ Issued to Owner
☐ Issued to Tenant

Re: 175 RAMAPO VALLEY RD

Block 2401 Lot 5 Qual

You are hereby notified that a code official inspected the above referenced premises and determined that there is a violation of the municipal code. The violation listed below must be completed on or before the violation abatement date indicated. Failure to obey this order of the code official shall result in the issuance of a summons resulting in a mandatory court appearance and possible penalty assessment in compliance with this code.

Inspection Date: 6/25/2020

Violations to be Abated by: 7/10/2020

The following violation(s) were found

Section PM-103.1

Title Required

All equipment, systems, devices and safeguards required by this code or a previous statute or code for the structure or premises when erected or altered shall be maintained in good working order. The requirements of this code are not intended to provide the basis for removal or abrogation of fire protection and safety systems and devices in existing structures.

Summary of infraction

One of three kitchen exhaust fans is making a loud noise, disturbing the residential neighbors. Fan must be fixed as per the noise ordinance.

You may call the Code Enforcement office if you have any further questions concerning this matter at 201-337-8111 X2025


JOHN WITTERKIND

Date Printed 7/16/2020

FINAL NOTICE



Oakland
Code Enforcement
1 Municipal Plaza
Oakland, NJ 07436

Violation # CVIO-20-00199

Violation Warning

175 RAMAPO VALLEY ROAD LLC
175 RAMAPO VALLEY RD
OAKLAND, NJ 07436

☒ Issued to Owner
☐ Issued to Tenant

Re: 175 RAMAPO VALLEY RD

Block 2401 Lot 5 Qual

You are hereby notified that a code official inspected the above referenced premises and determined that there is a violation of the municipal code. The violation listed below must be completed on or before the violation abatement date indicated. Failure to obey this order of the code official shall result in the issuance of a summons resulting in a mandatory court appearance and possible penalty assessment in compliance with this code.

Inspection Date: 8/12/2020

Violations to be Abated by: 8/12/2020

The following violation(s) were found

Section PM-702.8

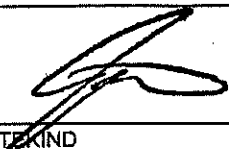
Title Aisles

Arrangements of chairs or tables and chairs shall provide for ready access by aisle accessways and aisles to each egress door. The minimum clear width of each aisle in occupancies in Use Groups A, E and 1-2 shall be maintained in accordance with the requirements of the building code listed in Chapter 8. In all other occupancies, aisles shall have a minimum required clear width of 44 inches (1118 mm) where serving an occupant load greater than 50, and 36 inches (914 mm) where serving an occupant load of 50 or less. The clear width of aisles shall not be obstructed by chairs, tables or other objects.

Summary of infraction

Obstruction of emergency fire lanes in outdoor seating area.

You may call the Code Enforcement office if you have any further questions concerning this matter at 201-337-8111 X2025


JOHN WITTERKIND

Date Printed 8/12/2020



Oakland
Code Enforcement
1 Municipal Plaza
Oakland, NJ 07436

Violation # CVIO-20-00199

Violation Warning

175 RAMAPO VALLEY ROAD LLC
175 RAMAPO VALLEY RD
OAKLAND, NJ 07436

☒ Issued to Owner
☐ Issued to Tenant

Re: 175 RAMAPO VALLEY RD

Block 2401 Lot 5 Qual

You are hereby notified that a code official inspected the above referenced premises and determined that there is a violation of the municipal code. The violation listed below must be completed on or before the violation abatement date indicated. Failure to obey this order of the code official shall result in the issuance of a summons resulting in a mandatory court appearance and possible penalty assessment in compliance with this code.

Inspection Date: 8/26/2020

Violations to be Abated by: 9/6/2020

The following violation(s) were found

Section PM-702.8

Title Aisles

Arrangements of chairs or tables and chairs shall provide for ready access by aisle accessways and aisles to each egress door. The minimum clear width of each aisle in occupancies in Use Groups A, E and 1-2 shall be maintained in accordance with the requirements of the building code listed in Chapter 8. In all other occupancies, aisles shall have a minimum required clear width of 44 inches (1118 mm) where serving an occupant load greater than 50, and 36 inches (914 mm) where serving an occupant load of 50 or less. The clear width of aisles shall not be obstructed by chairs, tables or other objects.

Summary of infraction

Obstruction of emergency fire lanes in outdoor seating area. Fines of up to \$5,000/day for each day after compliance date that it is not abated.

You may call the Code Enforcement office if you have any further questions concerning this matter at 201-337-8111 X2025

JOHN WITTEKIND

Date Printed 8/26/2020



Oakland Borough
Complaint Response Form

Date Created: 8/26/2020
Date Received: 8/26/2020
Time Received: 1:32:11 PM
Tracking Number: CPT-20-00122

Complaint:

Municipality: Oakland Borough Category: Complaint
Department Origin: CodeEnforcement Complaint Type: Noise Violation
User Origin: Jeanne Fondacaro Status: Pending
Assigned to Department: CodeEnforcement Priority: Normal
Assign to User: Jeanne Fondacaro Method Received: police report
Private: No

Complaint Summary:

Loud music late into the evening. Ordinance for outdoor dining will be ammended. Police will be monitering.

Complaint Result:

Location: 175 RAMAPO VALLEY RD
Street Address 1: 175 RAMAPO VALLEY RD
Street Address 2: _____
City: Oakland Borough State: NJ Zip: _____ - _____
Block: 2401 Lot: 5 Qualifier: _____

Owner: 175 RAMAPO VALLEY ROAD LLC
Street Address 1: 175 RAMAPO VALLEY RD
Street Address 2: _____
City: OAKLAND State: NJ Zip: 07436 - _____
Telephone: _____ Cellphone: _____
Email: _____

Tenant: _____
Street Address 1: _____
Street Address 2: _____
City: _____ State: NJ Zip: _____ - _____
Telephone: _____ Cellphone: _____
Email: _____

Complaint Submitted By:

First Name: _____ Last Name: _____
Street Address 1: _____
Street Address 2: _____
City: _____ State: NJ Zip: _____ - _____
Telephone: _____ Cellphone: _____

Complaint Notes:

---Notes added by: Jeanne Fondacaro Wednesday, August 26, 2020 at 1:32:11 PM

Created from Multi Complaint Creation form

**FIRE PREVENTION BUREAU
BOROUGH OF OAKLAND
1 MUNICIPAL PLAZA
OAKLAND, N.J. 07436**

**JOHN WITTEKIND
FIRE OFFICIAL**

201-337-9616 OFFICE

201-337-9212 FAX

FIRE SAFETY PERMIT

Permit Number: 20-2650
Permit Fee: 54.00

Issued:
Expires: December 31, 2020

Permission is hereby granted to: Portobello Feasts
175 Ramapo Valley Road
Oakland, NJ 07436

The following activities are covered by this permit:

Outdoor dining with heaters

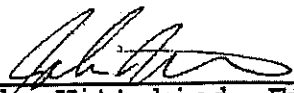
Approval is contingent upon adherence to the following conditions:

Portable heaters must be outside tent- Used in compliance with NJ state fire code.

NOTE: This is a Fire Safety Permit ONLY.

It is the Applicant's responsibility to comply with other applicable health, police, building or construction requirements.

November 13, 2020
Date



John Wittekind, Fire Official,
(or designee)

**THIS PERMIT MUST BE CONSPICUOUSLY POSTED
AT THE SITE FOR THE DURATION OF THE ACTIVITY.**

**FAILURE TO COMPLY WITH THE FIRE CODE
REQUIREMENTS OR ANY CONDITION SET FORTH
ABOVE IS CAUSE FOR REVOCATION OF THIS PERMIT**

**FIRE PREVENTION BUREAU
BOROUGH OF OAKLAND
1 MUNICIPAL PLAZA
OAKLAND, N.J. 07436**

**JOHN WITTEKIND
FIRE OFFICIAL**

201-337-9616 OFFICE

201-337-9212 FAX

APPLICATION FOR PERMIT

The Uniform Fire Code states:

"Permits shall be required, and obtained from the local enforcing agency for the activities specified in this section, except where they are an integral part of a process or activity by reason of which a use is required to be registered and regulated as a life hazard use. Permits shall at all times be kept in the premises designated therein and shall at all times be subject to inspection by the Fire Official." [N.J.A.C. 5:70-2.7(a)]

Date of application: 11/5/20
 Location where activity will occur Portobello
 Date 11/5/20 Time 3:30pm
 Applicant Name Frank Amey Address 175 Ramapo Valley Rd Oakley
 Organization Name Portobello Feasts
 Phone/Fax Number 201 337 8990 Emerg.# _____
 Block/Lot _____ Registration#: _____

The above named applicant hereby requests permission to conduct the following activity at the above indicated location:

Heaters

And for the keeping, storage, occupancy, sale, handling or manufacture of the following:

(State quantities for each category to be stored, or used and the method stored or used:)

Heaters Outside of Tents

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner, or duly authorized to act in the owner's behalf and as such hereby agree to comply with the applicable requirements of the fire code as well as any specific conditions imposed by the Fire Official.

Frank Amey
Applicant Signature

John Wittekind
John Wittekind, Fire Official Signature

\$54.00



Oakland Borough
ONE MUNICIPAL PLAZA
OAKLAND, NJ 07436

Date Issued 3/23/2010
Control Number C-09-0332
Permit Number 09-0265
Permit Issue Date 6/9/2009
Certificate Number 09-0265

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 155 RAMAPO VALLEY RD Oakland Borough, NJ Block: 2401 Lot: 7 Qual: _____
Owner in Fee: 155 RAMAPO VALLEY ROAD LLC
Owner Address: 155 RAMAPO VALLEY RD OAKLAND NJ 07436
Telephone: _____
Contractor: MANSION RIDGE
Address: 56 PARKER AVENUE HAWTHORNE NJ 07500
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____
Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: B Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: INTERIOR ALTERATION(S) TO EXISTING SPACE.

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: _____ or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: _____
Conditions to be met:

Construction Official

Fee: \$0.00
Check Number: _____
Collected By: _____



CONSTRUCTION PERMIT

IDENTIFICATION Block 2401 Lot 07 Qualification Code _____
Work Site Location 155 Runnys Valley Contractor Merrison Ridge
Owner in Fee Frank Amen Address 99 Runnys Valley
Address _____ Tel. (973) 296-1748
Tel. (201) 337-8490 Lic. No. or Bldrs. Reg. No. _____

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER Carpent
(Subchapter 8 only)

DESCRIPTION OF WORK:

No structural changes
Interior alteration

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 15,000.00 Date 6/2/09
Construction Official [Signature]

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

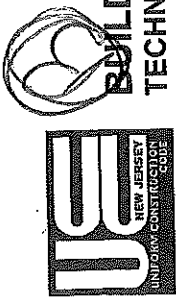
4 GOLD-APPLICANT

Date Issued

Permit #

PAYMENTS (Office Use Only)

Building 500
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA State Permit Fee 250
Cert. of Occupancy _____
Other 400
Total 1150
Check No. 110
Cash _____
Collected by [Signature] (see reverse side)



**BUILDING SUBCODE
TECHNICAL SECTION**



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 24-01 Lot 07 Qualification Code _____
Work Site Location 155 Remapo Valley Rd.
Oakland N.J. 07436
Owner in Fee: Frank Amen e-mail _____
Tel. (201) 337-8990
Address 155 Remapo Valley Oakland zip code _____
Contractor: Munyon Ridge Builders Tel. (973) 246 1248
Address Hawthorne NJ e-mail _____
Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (____) _____

JOBSUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type	Failure	Approval
☒ No Plans Required	<u>6/6</u>	<u>MM</u>	<u>Initial</u>		
☐ All					
☐ Footing					
☐ Foundation					
☐ Frame					
☐ Other					
Joint Plan Review Required:					
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator		
SUBCODE APPROVAL					
☐ CO	☐ CCO	☐ CA			
Date:					
Approved by:					

B. BUILDING CHARACTERISTICS

Use Group Present A-2 Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Rehabilitation \$ _____
3. Total (1+2) \$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove None Bearing wall.
French Door Relocate

No structural changes

TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Radon Remediation
☐ Other offices
☐ Demolition

carpeting

FEE (Office Use Only)

\$ 30

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 30



Oakland Borough
ONE MUNICIPAL PLAZA
OAKLAND, NJ 07436

Construction Violation

Identification

Work Site Location: 155 RAMAPO VALLEY RD Oakland Borough, NJ
Block: 2401
Lot: 7
Owner: 155 RAMAPO VALLEY ROAD LLC
Owner Address: 155 RAMAPO VALLEY RD OAKLAND NJ 07436
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Subcode: Building
Issuing Officer: Dan Hagberg
Issue Date: 6/2/2009
Infraction: Notice and Order of Penalty
Statute: INTERNATIONAL BUILDING CODE / 2006 FAILURE TO OBTAIN A CONSTRUCTION PERMIT N.J.A.C. 5:23 2.14
Infraction Summary: NO PERMITS
Certified Mail Number:

Telephone: 201-337-1644

Enforcement Details

Inspection Date: 6/2/2009
Notice Date: 6/2/2009
Compliance Date: 6/2/2009
Compliance Inspection Date:
Compliance Summary: NO PERMITS



NOTICE AND ORDER OF PENALTY

Permit/Control #:

Date Issued: 6/2/2009

Violation #: V-09-00017

IDENTIFICATION

Work Site Location: 155 RAMAPO VALLEY RD Oakland Borough, NJ

Block: 2401 Lot: 7 Qualification Code: _____

Owner in Fee: 155 RAMAPO VALLEY ROAD LLC

Owner Address: 155 RAMAPO VALLEY RD OAKLAND NJ 07436

Agent/Contractor: _____

Address: _____

To: ☐ Owner

☐ Other:

☐ Agent/Contractor

ACTION

☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A ☐ **Notice of Violation and Order to Terminate**, ☐ **Notice of Unsafe Structure**, ☐ **Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

☒ On 6/2/2009, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you ☐ **made a false or misleading written statement, or omitted required information in an application or request for approval; or** ☒ **failed to obtain a construction permit; or** ☐ **failed to request required inspections; or** ☐ **allowed occupancy prior to receiving a certificate of occupancy.**

☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order**.

PENALTY

Therefore, you are hereby **ORDERED** to pay a penalty in the amount of \$500.00 for each violation for a total penalty of \$500.00.

Further, take **NOTICE** that for each ☐ week ☒ day that any of the said violations remain outstanding after 6/2/2009 an additional penalty of \$500.00 per ☐ week ☒ day shall result

If you wish to contest this **ORDER**, you may request a hearing before the Construction Board of Appeals of the BERGEN COUNTY within 15 days of receipt of this **ORDER** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is \$50.00 and should be forwarded with your application to the Construction Board of Appeals Office at: **ADMINISTRATIVE BUILDING**

HACKENSACK, NJ 07601

If you have any questions concerning this matter, please call: (201) 337-1644

NOTICE and ORDER of PENALTY:

Construction Official

Date: 6/2/09



Oakland Borough
One Municipal Plaza
Oakland, NJ 07436

Construction Violation

Identification

Work Site Location: 175 RAMAPO VALLEY ROAD , NJ
Block: 2213
Lot: 4.01
Owner: AMEN
Owner Address: 175 RAMAPO VALLEY ROAD NJ
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Subcode: Building
Issuing Officer: Dan Hagberg
Issue Date: 7/25/2007
Infraction: Notice and Order of Penalty
Statute: International Building Code / 2000 FAILURE TO OBTAIN A CERTIFICATE OF OCCUPANCY AND OR APPROVAL,
IS IN VIOLATION OF N.J.A.C. 5:23 2.23 (b)
Infraction Summary: NEEDS TO OBTAIN A CERTIFICATE OF OCCUPANCY BEFORE BUILDING CAN BE USED
Certified Mail Number:

Enforcement Details

Inspection Date: 7/24/2007
Notice Date: 7/25/2007
Compliance Date: 7/27/2007
Compliance Inspection Date:
Compliance Summary: NEEDS TO OBTAIN A CERTIFICATE OF OCCUPANCY BEFORE BUILDING IS USED



Borough of Oakland, New Jersey

Daniel Hagberg
Chief Administrator

Gail Bowitz
Technical Assistant

Code Enforcement Department
Building
Plumbing
Electrical
Fire Protection
Zoning
Property Maintenance

Date: May 20, 2008

To: Frank Amen

From: Daniel Hagberg
Construction Official

Reference: New building located at: 175 Ramapo Valley Road, Oakland, N.J.
Block 2213, Lot 4.01

This memo is to inform you that any and all Construction Violations issued by this office have been lifted and are no longer an issue against the above referenced property.

Cc: Boro. Attorney
Boro. Engineer



BOROUGH OF OAKLAND

CERTIFICATE

Date Issued 01/20/98
Control #
Permit # 92-428

IDENTIFICATION

Block 2213 Lot 5
Work Site Location 155 Ramapo Valley Road
Oakland, NJ 07436
Owner In Fee Frank Amen (Portabellios)
Address Same
Tele. () 337-8073
Contractor David Hall
Address 50 Parker Avenue
Hawthorne, NJ 07506
Tele. () 423-3330
Lic. No. or Bids. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Use Group Business
Maximum Live Load
Description of Work/Use:

Interior Renovations
\$45,400.00

Type of Warranty Plan: [] State [] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ CERTIFICATE OF CONTINUED OCCUPANCY

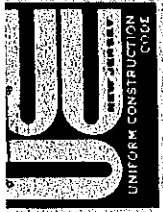
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than 19____ or the owner will be subject to a fine or order to vacate.

Fee \$
Paid [] Check No.
Collected by:

CONSTRUCTION OFFICIAL
Joseph Montemiarano



BOROUGH OF OAKLAND

CERTIFICATE

Date Issued 05/06/98
Control # 94-015
Permit # 94-015

IDENTIFICATION

Block 2213 Lot 5
Work Site Location 155 Ramapo Valley Road
Oakland, NJ 07435
Owner in Fee Frank Amen (Portabellos)
Address Same
Tele. () 337-8990
Contractor David Hall
Address 56 Parker Avenue
Hawthorne NJ 07506
Tele. () 423-3330
Lic. No. or Bldgs. Reg. No. 149-64-1849
Federal Emp. No. 149-64-1849
or Social Security No. 149-64-1849

Home Warranty No.
Type of Warranty Plan: ☐ State ☐ Private
Use Group BUSINESS
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Exterior Exit Stairway
Interior Renovations

☐ CERTIFICATE OF OCCUPANCY

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ CERTIFICATE OF APPROVAL

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☒ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than 19 or the owner will be subject to fine or order to vacate.

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ CERTIFICATE OF COMPLIANCE

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until .

Fee \$

Paid ☐ Check or Permit
Collected by

CONSTRUCTION OFFICIAL

Joseph Montemarano

Form F-260B

1 WHITE - APPLICANT 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR



ANY WORK THAT REQUIRES
PLANNING BOARD APPROVAL
IS NOT INCLUDED WITH
THIS PERMIT.....

CONSTRUCTION PERMIT

IDENTIFICATION Block 2213

Work Site Location 155 Ramapo Valley
Rel. Oakland, 07436
Owner in Fee Frank Amey
Address 155 Ramapo Valley
Tele. (201) 337-8940

Lot 5

Contractor David A. Hall
Address 56 Parson Ave. Peruthorne
N.J. 07506
Tele. (201) 423-3330
Lic. No. or Bids. Reg. No. 149-641849 Exp. Date
Federal Emp. No. 149-641849
or Social Security No.

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER
☒ ELECTRICAL ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

Underground Electrical Service
& Interior Renovations

NOTE: If construction does not commence within one (1) year of date of issuance, or
if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 241,500

UCC FORM F-170C

CONSTRUCTION OFFICIAL

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

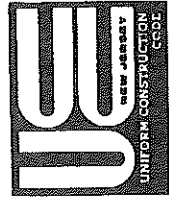
PRO 208 B

Date Issued
Control #
Permit #

3/28/95
94-0130

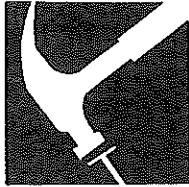
PAYMENTS (Office Use Only)
Building <u>1925</u>
Electrical <u>1925</u>
Plumbing <u>2003.35</u>
Fire Protection <u>2003.35</u>
Elevator Devices
Other
DCA Training Fee <u>194</u>
Cert. of Occ.
Other
Total <u>1949</u>
Check No. <u>1409</u>
Cash
Collected By: <u>[Signature]</u>

(see reverse side)



BUILDING SUBCODE TECHNICAL SECTION

ANY WORK THAT REQUIRES PLANNING
BOARD APPROVAL IS NOT INCLUDED
WITH THIS PERMIT.....



Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANG-
ING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 2213 Lot 5
Work Site Location 155 Remapo Valley Rd.
Oakland, N.J. 07436
Owner in Fee Frank Amero
Address 155 Remapo Valley Rd.
Oakland, N.J. 07436
Tele. (201) 337-8990
Contractor David A. Hall
Address 56 Parker Ave Hawthorne, N.J. 07506
Tele. (201) 423-3330 Box # 405-4204
Lic. No. or Bldrs. Reg. No. _____ or Social Security No. 144-64-1849
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Req.								
☐ All				Footing				
☐ Footing				Foundation				
☐ Foundation				Slab				
☐ Frame				Frame				
☐ Other				Insulation				
Joint Plan Review Required:								
☐ Elec. ☐ Plumb. ☐ Fire				Finishes:				
SUBCODE APPROVAL								
☐ CO ☐ CCO ☐ CA				Energy				
Date: _____								
Approved By: _____								

B. BUILDING CHARACTERISTICS

Use Group Present A-3 Proposed A-3
Constr. Class Present S-A Proposed S-A
No. of Stories 3
Height of Structure 25'-36" D' Ft.
Area—Largest Floor 4,477 Sq. Ft.
New Bldg. Area/All Floors 1640 Sq. Ft.
Volume of New Structure 252,000 Cu. Ft.
Total Land Area Disturbed 250 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 100,000
2. Alteration \$ 175,000
3. Total (1+2) \$ 275,000

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner
of record and am authorized to make this application.

[Signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construct New Stair Tower to Comply-
with U.C.C. and BofA Egress Requirements
Remove and Rebuild Existing 2nd & 3rd Floors
of Building.

SEE REVISION PLAN 8/10/04

(Office Use Only)

\$ 100 FEE

\$ 600

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

\$ 100

Administrative Surcharge

Minimum Fee

DCA TRAINING FEE

TOTAL FEE

Paid ☐ Check #

Collected by:

PRO 210B

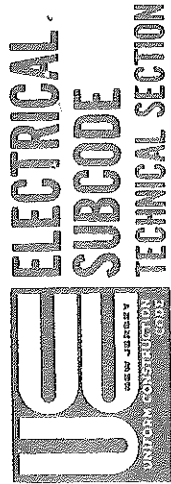
U.C.C. Form F-110B

1 White = Inspector Copy

3 Pink = Office Copy

2 Canary = Office Copy

4 Gold = Applicant Copy



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 2213 Lot 5
Work Site Location 155 Ramapo Valley RD
OAKLAND WJ 07436
Owner in Fee FRANK AMEN
Address SAME
Tele. (201) 337-8990
Contractor WIM HENNING JR Electrical Contractor Inc.
Address 285 Mountain ave
Hewitt NJ 07421
Tele. (201) 728-0862
Lic. No. 11068
Federal Emp. No. 22-312191 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 45,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[] No Plans Required
Joint Plan Review Required:
[] Bldg. [] Plumb.
[] Fire [] Elevator
[] Elec. Plans Approved
Date: 3-2-95
Approved by: B.P.
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date: _____
Approved By: _____
INSPECTIONS
Type: Rough Temporary Constr. Serv. TCO Other Service Final
Dates (Month/Day) Failure Approval Initial
Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

✓ Licensed Electrical Contractor [] Exempt Applicant

Signature—Contractor Seal

Paid [] Check # _____
Collected by: _____
Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____

U.C.C. Form F-1208

1 White = Inspector Copy
2 Gold = Applicant Copy
3 Pink = Office Copy

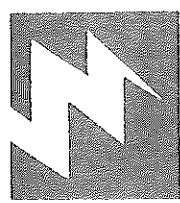
PRO 220B

D. TECHNICAL SITE DATA

NO. SIZE ITEM
125 Fixtures (1)
40 Receptacles (2)
40 Switches (3)
205 Total 1 + 2 + 3
Kw Range _____
Kw Oven(s) _____
Kw Surface Unit _____
hp Dishwasher _____
hp Garbage Disposal _____
Kw Dryer _____
4 Kw A/C Unit _____
Burglar Alarms _____
Intercoms Panels _____
Smoke Detectors _____
Whirlpool/spa _____
Pool Bonding _____
Pool Filter Motor _____
Pool Lights _____
Kw Water Heater(s) _____
Kw Central heat: _____
oil, gas or elec. _____
Kw Baseboard Heat Units _____
Thermostats _____
hp Heat Pump _____
hp Pump(s) _____
1 125 Amp Motor Control Center/Sub Panels
Signs _____
Light Standards _____
1 hp Motors—Fractional H.P. Freezer
2 34 hp Motors—All Others. Refrig Cakes
Kw Transformers _____
Kw Generators _____
1 200 Amp Service Entrance
1 100 Other ELEVATOR

FEE (Office Use Only)

Date Received
Date Issued
Control #
Permit #



3/28/95
3/28/95
070122



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received 3/29/92
Date Issued _____
Control # 02-0122
Permit # _____

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 2713 Lot 5
Work Site Location 155 Ramapo Valley Rd.
Oakland N.T. 07136
Owner in Fee Frank Abeni
Address 155 Ramapo Valley Rd.
Oakland N.T. 07136
Tele. (201) 337-8990
Contractor Andy DeGonetti North East Fire Protection
Address Hawthorne

Tele. (201) 427-4927
Lic. No. _____
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ 2000 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW: [] No Plans Required [] Plans Required
Joint Plan Review Required: []
[] Bidg. [] Plumb. [] Elec. [] Fire Plans Approved
Date: 1/31/92
Approved by: Deanne
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date: _____
Approved by: _____

INSPECTIONS: Type: _____
Dates (Month/Day) Failure Approval Initial
Suppression Test _____
Fire Alarm Test _____
Smoke Test _____
Mechanical _____
TCO _____
Other _____
Other _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

SIGNATURE _____

D. TECHNICAL SITE DATA

Description of Work _____

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks _____
Combustible Liquid Storage Tanks _____
L.P.G. Storage Tanks _____
L.N.G. Storage Tanks _____

() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____

Number _____

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____

Smoke Detectors _____
Heat Detectors _____
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

Pre-Engineered Systems _____
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

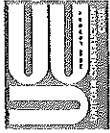
Gas or Oil Fired Appliance _____
OTHER _____

FEE (Office Use Only)

Administrative Surcharge \$ _____
Paid [] Check # _____ Minimum Fee \$ _____
Collected by _____ TOTAL FEE \$ _____

U.C.C. Form F-140A

1 White = Office Copy
3 Pink = Applicant Copy
2 Canary = Office Copy
4 Hard = Inspector Copy



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 2213 Lot 5
Work Site Location 155 Ramapo Valley Rd.
Owner in Fee Frank Amey
Address 155 Ramapo Valley Rd.
Oakland N.J. 07436
Tele. (201) 337-8940
Contractor Sec Security
Address 59 Martha Place.
Oakland, N.J. 07436
Tele. (201) 337-7869
Lic. No. _____
Federal Emp. No. 222941526 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed A-3
Constr. Class. Present 5-A Proposed 5-A
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____

Total Est. Cost of Fire Prot. Work \$ 1500.00 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
[] No Plans Required	Type:	Failure	Approval	Initial	
Joint Plan Review Required:					
[] Bldg. [] Plumb. [] Elec.	Suppression Test				
[] Fire Plans Approved	Fire Alarm Test				
Date: <u>1/31/93</u>	Smoke Test				
Approved by: <u>[Signature]</u>	Mechanical				
SUBCODE APPROVAL:					
[] CO [] CCO [] PA	TCO				
Date: _____	Other				
Approved by: _____	Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

SIGNATURE _____



Date Received 3/28/93
Date Issued _____
Control # 07-0188
Permit # _____

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision ✓
Local Alarm Supervision ✓
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks () Capacity _____ Fuel _____
Combustible Liquid Storage Tanks () Capacity _____ Fuel _____
L.P.G. Storage Tanks () Capacity _____ Fuel _____
L.N.G. Storage Tanks () Capacity _____ Fuel _____

Number _____

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____

Smoke Detectors None Required
Heat Detectors 3
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

Pre-Engineered Systems _____

CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas or Oil Fired Appliance _____
OTHER _____

FEE (Office Use Only)

Administrative Surcharge \$ _____
Paid [] Check # _____ Minimum Fee \$ _____
Collected by _____ TOTAL FEE \$ _____



CONSTRUCTION PERMIT

Date Issued 2/20/94
 Control # 94-015B
 Permit # 94-015B

IDENTIFICATION Block 2213 lot 5
 Work Site Location 155 Ramapo Valley Road
Catland, NJ 07436
 Owner in Fee Frank Amen
 Address SAME
 Contractor David Hall
 Address 56 Parker Ave
Hawthorne, NJ 07506
 Tele. () 423-3330
 Lic. No. or Bldrs. Reg. No. 149-64-1849 Exp. Date 149-64-1849
 Federal Emp. No. 149-64-1849
 or Social Security No. 149-64-1849

is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☒ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

Violation Notice

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 1

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building _____
 Electrical _____
 Plumbing _____
 Fire Protection _____
 Elevator Devices _____
 Other _____
 DCA Training Fee _____
 Cert. of Occ. 1500
 Other _____
 Total _____
 Check No. 1130
 Cash _____
 Collected By: [Signature]

(See reverse side)



CONSTRUCTION PERMIT

IDENTIFICATION Block 2213 Lot 5
Work Site Location 155 Ramapo Valley Road
Oakland, NJ 07436
Owner in Fee Frank Amen / Portabellos
Address SAME
Tele. ()
Contractor Dave Hall
Address 56 Parker Ave
Hawathorne NJ 07506
423-3330
Date Issued 3/8/94
Control # 01-05A
Permit #

is hereby granted permission to perform the following work:
☒ BUILDING ☒ PLUMBING ☐ OTHER
☒ ELECTRICAL ☒ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

New Stair Tower

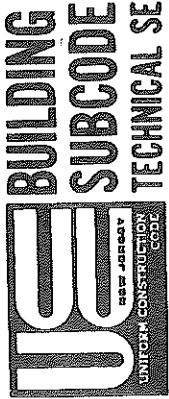
NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 80,500

PAYMENTS (Office Use Only)	
Building	<u>2500</u>
Electrical	<u>178</u>
Plumbing	<u>211</u>
Fire Protection	
Elevator Devices	
Other	<u>15</u>
DCA Training Fee	<u>30</u>
Cash	<u>20869</u>
Other	<u>500</u>
Total	<u>1446</u>
Check No.	<u>1446</u>
Cash	<u>1446</u>
Collected By:	<u>[Signature]</u>

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C 1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-OFFICE 4 GOLD-APPLICANT



BUILDING SUBCODE TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 2213 Lot 5-11
Work Site Location 155 Ramapo Valley Rd.
Caldwell N.J. 07506
Owner in Fee Frank Amen.
Address 155 Ramapo Valley Rd.
Caldwell N.J. 07506
Tele. (201) 337-2990
Contractor Paul Hall
Address 506 Packer Ave Verona N.J. 07506
Tele. (201) 423-3330 - Beper 405-4204
Lic. No. or Bldrs. Reg. No. _____ or Social Security No. 149-64-1849
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

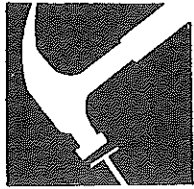
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
[] No Plans Req.			Type:	Failure	Approval
[X] All	<u>3/5/94</u>	<u>PH</u>	Footing		
[] Footing			Foundation		
[] Foundation			Slab		
[] Frame			Frame		
[] Other			Insulation		
Joint Plan Review Required:			Finishes:		
[] Elec. [] Plumb. [] Fire			Energy		
SUBCODE APPROVAL			Mechanical		
[] CO [] CCO [] CA			TCO		
Date:			Other		
Approved By:			Final		

B. BUILDING CHARACTERISTICS

Use Group Present A-3 Proposed A-3
Constr. Class Present S-A Proposed S-A
No. of Stories 3
Height of Structure 32-35 Ft.
Area—Largest Floor 6447 Sq. Ft.
New Bldg. Area/All Floors 640 Sq. Ft.
Volume of New Structure 10600 Cu. Ft.
Total Land Area Disturbed 250 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 45,000.00
2. Alteration \$ 45,000.00
3. Total (1+2) \$ 90,000.00



Date Received 3/8/94
Date Issued _____
Control # 011-013A
Permit # _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

[Signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Construct New Stair Tower To Comply With O.C.C. And B.O.C.A. Egress Requirements

TYPE OF WORK:

- [] New Building
[X] Addition
[X] Alteration
[X] Roofing
[X] Siding
[] Fence
[] Sign
[] Pool
[] Asbestos Abatement
[] Other
[] Other
[X] Demolition

10 X 1000
,0008

Height (6' or over)
Sq. Ft.

011

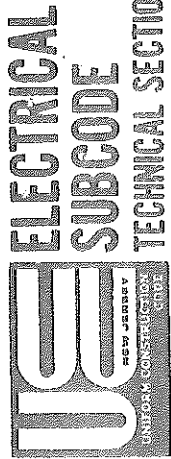
(Office Use Only)

FEE

\$ 240
240
1818

Administrative Surcharge \$ _____
Paid [] Check # _____ Minimum Fee \$ _____
Collected by: _____ DCA TRAINING FEE \$ 240
TOTAL FEE \$ _____

PRO 210B



ELECTRICAL
SUBCODE
TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 2213 Lot 5
Work Site Location 155 Ramapo Valley Rd.
Oakland, N.J.
Owner in Fee Plank Amen
Address 155 Ramapo Valley Rd.
Oakland, N.J. 07436
Tele. (201) 337-8990
Contractor WMA Electric Electric Co. Inc.
Address 12 W. Main St. York Pa.
West Nyack, N.J. 07470
Tele. (201) 723-0562
Lic. No. 110107
Federal Emp. No. 22-311214 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as Resident Utility Co. _____
Est. Cost of Elec. Work \$ 71,000

JOB SUMMARY (Office Use Only)

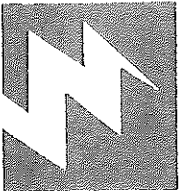
PLAN REVIEW:		INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required	Type:	Failure	Approval	Initial	
☐ Joint Plan Review Required:	Rough				
☐ Bldg. ☐ Plumb.	Temporary				
☐ Fire ☐ Elevator	Constr. Serv.				
☒ Elec. Plans Approved	TCO				
Date: <u>2-10-94</u>	Other				
Approved by: <u>BJ</u>	Service				
	Final				
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued _____			
☐ CO ☐ CCO ☐ CA		Final Cut-in-Card Date Issued _____			
Date: _____					
Approved By: _____					

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of _____
record and am authorized to make this application
and perform the work listed on this application.

Licensed Electrical Contractor ☐ Exempt Applicant

Signature—Contractor Seal



Date Received _____
Date Issued 2/28/94
Control # _____
Permit # 94-0198

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
<u>100</u>		Fixtures (1)
<u>23</u>		Receptacles (2)
<u>23</u>		Switches (3)
Total 1 + 2 + 3		
	Kw	Range
	Kw	Oven(s)
	Kw	Surface Unit
<u>1</u>	hp	Dishwasher
	hp	Garbage Disposal
	Kw	Dryer
<u>2</u>	Kw	A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
	hp	Whirlpool/spa
	hp	Pool Bonding
	hp	Pool Filter Motor
		Pool Lights
	Kw	Water Heater(s)
	Kw	Central heat:
		oil, gas or elec.
	Kw	Baseboard Heat Units
		Thermostats
	hp	Heat Pump
<u>3</u>	hp	Pump(s) <u>1000</u>
		<u>3</u> <u>1000</u> hp <u>1000</u> Center/Sub Panels
		Signs
		Light Standards
	hp	Motors—Fractional H.P.
	hp	Motors—All Others
	Kw	Transformers
	Kw	Generators
		Amp Service Entrance
		Other

Paid ☐ Check # _____
Collected by: _____
Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ _____
TOTAL FEE \$ _____



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 2213 Lot 5
Work Site Location 155 Ramapo Valley Road
Oakland, NJ 07436
Owner in Fee Porto Bello
Address 155 Ramapo Valley Rd.
Oakland, NJ 07436
Tele. (201) 337-8990
Contractor H. J. Cassinelli Inc.
Address PLUMBING & HEATING
231 WEST OAKLAND AVENUE 201-337-3079
Tele. () 07514
Lic. No. OAKLAND, NJ 07436
Federal Emp. No. 222744959 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Building Sewer Size Septic
Water Service Size _____
Estimated Cost of Plumbing Work \$ 19,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
Type:	Slab	Failure	Approval	Initial	
☐ No Plans Required					
Joint Plan Review Required:					
☐ Bldg. [] Elec. [] Fire					
☒ Plumb. Plans Approved					
Date: <u>2/17/94</u>					
Approved by: <u>[Signature]</u>					
SUBCODE APPROVAL:					
☐ CO [] CCO [] CA					
Approved by: _____					
Date: _____					

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

☒ Licensed Plumbing Contractor [] Exempt Applicant

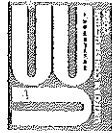
Signature-Contractor Seal

[Signature]

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>7</u>	Water Closet	<u>64</u>
<u>3</u>	Urinal/Bidet	<u>21</u>
<u>8</u>	Bath Tub	<u>56</u>
<u>8</u>	Lavatory	<u>56</u>
<u>2</u>	Shower	<u>14</u>
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge \$ _____
Paid [] Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL \$ 211



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

39874
94-05A

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 2213 Lot 5-MR
Work Site Location 155 Ramapo Valley Road
Owner in Fee Frgnk Ameron
Address 155 Ramapo Valley Road
Oakland NJ 07436
Tele. (201) 332-8990
Contractor PRO-TEK Security
Address 59 Martha Place
Oakland NJ 07436
Tele. (201) 332-2869
Lic. No. _____
Federal Emp. No. 222941526 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A-3 Proposed A-3
Constr. Class. Present S-A Proposed S-A
Heating Systems [] New [] Existing
Type: [] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ 2500.00 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW: _____
[] No Plans Required _____
Joint Plan Review Required: _____
[] Bldg. [] Plumb. [] Elec. _____
[] Fire Plans Approved _____
Date: 7/29/99 _____
Approved by: [Signature] _____
SUBCODE APPROVAL _____
[] CO [] CCO [] CA _____
Date: _____
Approved by: _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. [Signature]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision ✓
Central Supervision ✓
Proprietary Supervision _____

Flammable Liquid Storage Tanks _____
Combustible Liquid Storage Tanks _____
L.P.G. Storage Tanks _____
L.N.G. Storage Tanks _____

() Capacity _____
() Capacity _____
() Capacity _____
() Capacity _____
Fuel _____
Fuel _____
Fuel _____
Fuel _____

Number

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____

Smoke Detectors 10
Heat Detectors 3
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

Pre-Engineered Systems _____

CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas or Oil Fired Appliance _____
OTHER _____

FEE (Office Use Only)

Administrative Surcharge \$ _____
Paid [] Check # _____ Minimum Fee \$ _____
Collected by _____ TOTAL FEE \$ _____

SIGNATURE

U.C.C. Form F-140A

1 White = Office Copy
2 Canary = Office Copy
3 Pink = Applicant Copy
4 Hard = Inspector Copy



CONSTRUCTION PERMIT

IDENTIFICATION Block 22-13

Work Site Location 155 Ramapo Valley Rd.,
Carbondale, NJ 07436
Owner in Fee Frank Argen
Address 155 Ramapo Valley Rd.,
Carbondale, NJ
Tele. (201) 337-8940

Lot 5

Contractor David Hall
Address 56 PERKA AVE
Hawthorne, NJ 07506
Tele. (201) 423-3330
Lic. No. or Bldrs. Reg. No. 149-64-1849
Federal Emp. No. 149-64-1849
or Social Security No. X

is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

Footings & foundation

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 500.00

U.C.C. Form F-170C

1 WHITE-INSPECTOR 2 CANARY-OFFICE 3 PINK-OFFICE 4 GOLD-APPLICANT

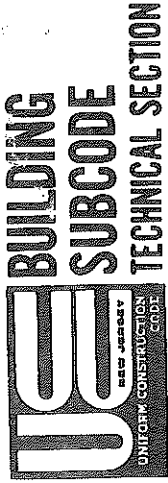
CONSTRUCTION OFFICIAL

Date Issued
Control #
Permit #

11/1/64
94-013

PAYMENTS (Office Use Only)
Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occ.
Other
Total
Check No.
Cash
Collected By:

(see reverse side)



Date Received
Date Issued
Control #
Permit #

IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 2213-8. Lot 5
Work Site Location 155 Ramapo Valley Rd. Oakland N.J. 07436

Owner in Fee Frank Amen-
Address 155 Ramapo Valley Rd. Oakland, N.J. 07436

Tele. (201) 337-8990
Contractor David A. Bell
Address 56 Parker Ave Hawthorne N.J. 07506

Tele. (201) 423-3330 Area 405-4204.
Lic. No. or Bldrs. Reg. No. or Social Security No. 146-64-1869
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date		Initial		INSPECTIONS		Dates (Month/Day)		Initial	
[] No Plans Req.	[] All	[] Footing	[] Foundation	[] Slab	[] Frame	[] Insulation	[] Finishes:	[] Energy	[] Mechanical	[] TCO	[] Other
[X] Footing	[X] Foundation	[] Slab	[] Frame	[] Insulation	[] Finishes:	[] Energy	[] Mechanical	[] TCO	[] Other	[] Final	[] Final
Joint Plan Review Required: [] Fire [] Elec. [] Plumb. [] CA											
SUBCODE APPROVAL [] CO [] CCO [] CA											
Date: Approved By:											

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories	3		2. Alteration \$500,000
Height of Structure	33'-31'		3. Total (1+2) \$
Area—Largest Floor	4964		
New Bldg. Area/All Floors	1210.000		
Volume of New Structure	1210		
Total Land Area Disturbed	185		

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Footing & foundation only

TYPE OF WORK:	(Office Use Only) FEE
[] New Building	
[X] Addition	
[X] Alteration	
[X] Footing	
[X] Slab	
[] Fence	
[] Sign	
[] Pool	
[] Asbestos Abatement	
[] Other	
[X] Demolition	

Administrative Surcharge
Paid [] Check #
Collected by: DCA TRAINING FEE
TOTAL FEE

PRO 210B

UNIFORM CONSTRUCTION CODE CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block
 Work Site Location 175 Remarpo Valley Lot 246-1248 Qualification Code Electric
Chatham, N.J. Contractor 40 Sykes Ave
 Owner in Fee Frank Dineen Address Howthorne
 Address 155 Remarpo Valley Rd Tel. (973) 423 4160
 Lic. No. or Bldrs. Reg. No. 10128

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
 (Subchapter 8 only)

DESCRIPTION OF WORK:

install parking lights
in parking lights

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$135,000

Construction Official _____ Date _____

U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

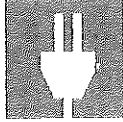
PAYMENTS (Office Use Only)

Building 603
 Electrical 603
 Plumbing _____
 Fire Protection _____
 Elevator Devices _____
 Other _____
 DCA State Permit Fee by
 Cert. of Occupancy _____
 Other _____
 Total 70,519.2
 Check No. _____
 Cash _____
 Collected by [Signature]

(see reverse side)



ELECTRICAL SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____
Work Site Location 175 Ramerpo Valley Rd.
Oakland
Owner in Fee: Frank H. Hien
Tel. (973) - 296-1248 e-mail _____
Address 155 Ramerpo Valley Rd. municipality _____ zip code _____
Contractor: D.C. Electric Tel. (973) 423 4160
Address 40 Sylvan Rd - apt Oaklane Mall
Contractor License No. 10128 Exp. Date 3/31/09
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 142 605473 FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 35.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INspeCTIONS	Dates (Month/Day)		
☒ No Plans Required			Type:	Failure	Approval	Initial
Joint Plan Review Required:			Rough			
[] Building	[] Plumbing		Barrier-Free			
[] Fire	[] Elevator		Trench			
[] Elec. Plans Approved			Temp. Serv.			
Date: <u>4-23-08</u>			Constr. Serv.			
Approved by: _____			TCC			
			Other			
			Service			
			Final			
			Barrier-Free			
SUBCODE APPROVAL			Temp. Cut-in-Card	Date Issued		
[] CO	[] CCO	[] CA	Final Cut-in-Card	Date Issued		
Date: _____			Annual Pool Inspection			
Approved by: _____			Date of Grounding and Bonding			
			Certification			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr'r [] Exempt Applicant

Date Received
Control #

Date Issued
Permit #

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Parking lot.

FEE (Office Use Only)

QTY. SIZE ITEMS
Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors—Fract. HP
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

TOTAL NUMBERS
Pool Permit/with UW Lights
Storable Pool/Spa/Hot Tub
KW Elec. Range/Receptacle
KW Oven/Surface Unit
KW Elec. Water Heater
KW Elec. Dryer/Receptacle
KW Dishwasher
HP Garbage Disposal
KW Central A/C Unit
HP/KW Space Heater/Air Handler
KW Baseboard Heat
HP Motors 1/+ HP
KW Transformer/Generator
AMP Service
AMP Subpanels
AMP Motor Control Center
KW Elec. Sign/Outline Light

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$



CONSTRUCTION PERMIT

Date Issued 6/13/07
Permit # 01-0169+E

IDENTIFICATION Block _____ Lot _____
Work Site Location 175 Ramapo Valley Rd Contractor Pro-Tek Security
Corkland NJ 07436 Address 12 Fern Ave
Owner in Fee Frank Amen Tel. (201) 891-8446
Address 175 Ramapo Valley Rd Lic. No. or Bldrs. Reg. No. 154533 P00566
Tel. (201) 334-8990 34FA000 47800

Qualification Code

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

Balance of work

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ _____

Construction Official

Date

6/13/07

PAYMENTS (Office Use Only)	
Building	<u>50</u>
Electrical	<u>50</u>
Plumbing	<u>50</u>
Fire Protection	<u>50</u>
Elevator Devices	
Other	
DCA State Permit Fee	<u>5</u>
Cert. of Occupancy	
Other	<u>105</u>
Total	<u>255</u>
Check No.	<u>25510</u>
Cash	
Collected by	<u>[Signature]</u>

(see reverse side)

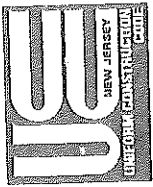
U.C.C. F170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT



ELECTRICAL
SUBCODE
TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____
Work Site Location 175 Rayson Valley Rd
Oakland N.J. 07436
Owner in Fee Frank Ameri
Address 155 Rayson Valley Rd
Oakland N.J. 07436
Tel (201) 891-8990
Contractor Pro-Tek Security
Address 292 Franklin Ave
Franklin Lakes N.J. 07417
Tel (201) 891-9448 FAX (201) 891-9663
Contractor License No. 343900056 000, Telecom Exempt 1560
Federal Emp. No. 221941526 154653

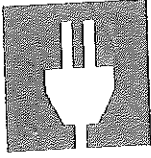
B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Date	Initial	Failure	Approval	Initial
☒ No Plans Required	5/24/07	BA			
Joint Plan Review Required:					
[] Building	[] Plumbing				
[] Fire	[] Elevator				
[] Elec. Plans Approved					
Date:	5/24/07	BA			
Approved by:	BA				
SUBCODE APPROVAL					
[] CO	[] CCO	[] CA			
Date:					
Approved by:					
INSPECTIONS					
Type: Rough Barrier-Free					
Trench Temp. Serv.					
Const. Serv.					
Other TCO					
Service Final					
Barrier-Free					
Temp. Cut-in-Card Date Issued					
Final Cut-in-Card Date Issued					
Annual Pool Inspection					
Date of Grounding and Bonding Certification					

5/25/07 - SOME CAMERAS NOT YET
1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy



Date Received 6/13/07
Date Issued _____
Control # _____
Permit # 01-0469+E

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

BA
Applicant's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr'r [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		Security
		TOTAL NUMBERS
13		Pool Permit/with UW Lights
10		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/2 HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

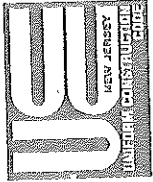
FEE (Office Use Only)

\$

BA

Administrative Surcharge \$
Minimum Fee \$
State Permit Surcharge Fee \$
TOTAL FEE \$

UCC/F-120 (REV. 7/03)
Professional Printing
(856) 468-7933



FIRE
SUBCODE
TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL-UTILITY DIG NO: 1-800-272-1000.

Block 2243 Lot 4.01 Qualification Code _____
Work Site Location 175 Ramapo Valley Rd
Oakland, N.J. 07436

Owner in Fee Frank Amen
Address 155 Ramapo Valley Rd
Oakland, N.J. 07436
Tel (201) 337-8980
Contractor Pro-Tek Security
Address 192 Franklin Ave
Franklin Lakes, N.J. 07436
Tel (201) 891-9446 FAX (201) 891-9663

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. 34FA 000 47800
Fire Alarm Contractor No. P00536 154553
Federal Emp. No. 223 941 526 000

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System:
Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing
[] Other _____ Location of Main Control Valve: _____
Location: _____
Fuel Storage Tank: _____
Fuel Type: [] Flammable or [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
[] No Plans Required	Alarm System	_____	_____	_____	_____
Joint Plan Review Required:	Suppression Sys.	_____	_____	_____	_____
[] Building [] Plumbing	Standpipe	_____	_____	_____	_____
[] Electric [] Elevator	Fire Pump	_____	_____	_____	_____
Date: <u>5/21/01</u>	Pre-Eng. System	_____	_____	_____	_____
Approved by: <u>[Signature]</u>	Mechanical	_____	_____	_____	_____
SUBCODE APPROVAL	Smoke Control	_____	_____	_____	_____
[] CO [] CCO [] CA	TCO	_____	_____	_____	_____
Date: _____	Flam/Combust Tanks	_____	_____	_____	_____
Approved by: _____	Fireplace Venting	_____	_____	_____	_____
	Final	_____	_____	_____	_____
	Other	_____	_____	_____	_____

1. White-Inspector copy 2. Canary-Applicant copy



Date Received 6/13/01
Date Issued _____
Control # _____
Permit # 01-D4013E

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature
[] Certified Contractor. [] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: F.A.C.P.
Supervision of Sprinkler System
Pull Station - Notification Appl

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
☒ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	<u>2</u>	
Supervisory Devices (i.e., tampers, low/high air)	<u>3</u>	
Signaling Devices (i.e., horn/strobes, bells)	<u>12</u>	
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO ₂ Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [] Gas or [] Oil		
Fireplace Venting/Metal Chimney		
Other _____		

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ 25

UCC/F-140 (REV. 1/04)
Professional Printing
(555) 462-7033



CONSTRUCTION PERMIT

Date Issued 12/12/02
Control # 01-046948
Permit # 01-046948

IDENTIFICATION Block 222b3 Lot 401
Work Site Location 176 KVRd
Owner in Fee 00000000
Address _____
Tele. (____) _____

Contractor EV
Address 176 KVRd
Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

is hereby granted permission to perform the following work:

- [] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT
[] ELECTRICAL [] FIRE PROTECTION [] DEMOLITION
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

Kitchen Vent & Flue Supp.

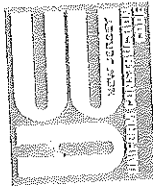
NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$15,000
Date 12/12/02
CONSTRUCTION OFFICIAL _____
1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

PAYMENTS (Office Use Only)	
Building	_____
Electrical	_____
Plumbing	<u>141</u>
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA Training Fee	<u>13</u>
Cert. of Occ.	_____
Other	<u>107</u>
Total	_____
Check No.	<u>108449</u>
Cash	_____
Collected By:	<u>[Signature]</u>

(see reverse side)

UCC/PRO170 (REV/3/96)



FIRE
SUBCODE
TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 2213 Lot 41.01
Work Site Location Portabellas (New Building)
175 Ramapo Valley Rd
Owner in Fee Same
Address _____

Tel. (732) 224-0040 Fax (732) 224-1335
Lic. No. _____
Federal Emp. No. 22-3328682

B. FIRE PROTECTION CHARACTERISTICS

Use Group	Present	Proposed	Fire Alarm System
Constr. Class	Present	Proposed	New ☐ Existing ☐
Heating Systems	☐ New ☐ Existing ☐	☐ HVAC	Location of Panel: _____
Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar	☐ Other _____	New ☐ Existing ☐	Fire Suppression/Standpipe System
			Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ 15,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	Type: _____	Failure _____ Approval _____ Initial _____
Joint Plan Review Required:	Alarm System	_____
☐ Building ☐ Plumbing	Suppression Sys.	_____
☐ Electric ☐ Elevator	Standpipe	_____
☒ Fire Tests Approved	Fire Pump	_____
Date: <u>9/10/12</u>	Pre-Eng. System	_____
Applied by: <u>[Signature]</u>	Mechanical	_____
SUBCODE APPROVAL	Smoke Control	_____
☐ CO ☐ LCO ☐ CA	TCO	_____
Date: _____	Final	_____
Approved by: _____	Other	_____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

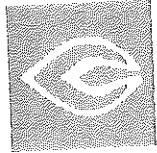
UCC/PRO F-140 (REV3/96)

Professional Printing

(856)468-7933

Signature

Maureen Connelley



Date Received _____
Date Issued _____
Control # _____
Permit # _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Kitchen Ventilation

+ Fire Suppression System

Water Supply Source For Kitchen Hood

Method of Alarm/Suppression System Supervision _____

FEE (Office Use Only)

Storage Tanks

Type: ☐ Flammable Liquid ☐ Combustible Liquid

☐ LPG ☐ LNG Capacity _____ Fuel _____

Alarm Systems ☐ 110v Interconnected _____ NUMBER _____

☐ System _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tampers, low/high air) _____

Signaling Devices (i.e., horn/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems _____

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

Halon Suppression _____

Other _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Gas ☐ or Oil ☐ Fired Appliances _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

DCA Training Fee \$ _____

TOTAL FEE \$ _____

1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy

UPDATING

91-046948

12/12/02

CHANGE OF CONTRACTOR



PLUMBING
SUBCODE
TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 2213 Lot 41:01
Work Site Location 175 Ramapo Valley Road
Orangetown, NJ 07436
Owner in Fee FRANK AMEN
Address 155 Ramapo Valley Road
Orangetown, NJ 07436
Tele. (201) 357-8990
Contractor MARK LINDSAY + SON Plumbing + Heating Inc.
Address 5 Lakeside Road
Huitt NJ 07431
Tele. (973) 728-8900 Fax (973) 728-5409
Lic. No. 8100
Federal Emp. No. 223244207000

B. PLUMBING CHARACTERISTICS

Use Group Present 411 Proposed ✓
Building Sewer Size 411 Public Sewer ✓
Water Service Size 411 Public Water ✓
Est. Cost of Plumbing Work \$ 40,000

JOB SUMMARY (Office Use Only)

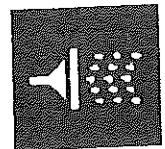
PLAN REVIEW
☐ No Plans Required
☒ Joint Plan Review Required
☒ Building Electric
☒ Fire Elevator
☒ Plumbing Plans Approved
Date: 11/12/00
Approved by: [Signature]
SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date: 11/12/00
Approved by: [Signature]

INSPECTIONS
Type: Slab ✓ Initial ✓
Rough ✓ Failure ✓ Approval ✓
Water ✓ Failure ✓ Approval ✓
Sewer ✓ Failure ✓ Approval ✓
Fixtures ✓ Failure ✓ Approval ✓
Gas Equipment ✓ Failure ✓ Approval ✓
Gas Piping ✓ Failure ✓ Approval ✓
Solar ✓ Failure ✓ Approval ✓
TCO ✓ Failure ✓ Approval ✓

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature — Contractor's Seal [Signature]



Date Received 11/12/00
Date Issued 11/12/00
Control # 01-01917
Permit # 01-01917

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>10</u>	Water Closet	
<u>4</u>	Urinal	
<u>10</u>	Bath Tub	
<u>2</u>	Lavatory	
<u>1</u>	Shower	
<u>12</u>	Floor Drain	
<u>14</u>	Sink	
<u>1</u>	Dishwasher	
<u>1</u>	Drinking Fountain	
<u>1</u>	Washing Machine	
<u>4</u>	Hose Bibb	
<u>1</u>	Water Heater	
<u>1</u>	Fuel Oil Piping	
<u>1</u>	Gas Piping	
<u>1</u>	Steam Boiler	
<u>1</u>	Hot Water Boiler	
<u>1</u>	Sewer Pump	
<u>1</u>	Interceptor/Separator	
<u>1</u>	Backflow Preventer	
<u>1</u>	Greasetrapp	
<u>1</u>	Sewer Connection	
<u>1</u>	Water Service Connection	
<u>1</u>	Stacks	
<u>1</u>	Other	
<u>1</u>	Other	
<u>1</u>	Other	

Administrative Surcharge \$ 0
Minimum Fee \$ 0
DCA Training Fee \$ 0
TOTAL FEE \$ 0

UCC/PRO F-130 (REV3/96)
Professional Printing
(856) 468-7933



CONSTRUCTION PERMIT

Date Issued 5/1/02
Control #
Permit # 01-0169A

IDENTIFICATION Block 2213 Lot 41.01

Work Site Location 175 Ramapo Valley Rd.
Oakland NJ 07436
Owner in Fee Frank Arena
Address 155 Ramapo Valley Rd.
Oakland NJ 07436
Tele. (2d) 337-8990

Contractor Mansing Ridge Building Corp
Address 56 PARKER AVE. Hawthorne
N.J. 07506
Tele. (973) 473-3330
Lic. No. or Bids. Reg. No. 22-37-8916
Federal Emp. No.

is hereby granted permission to perform the following work:

- ☒ BUILDING ☒ PLUMBING ☐ LEAD-HAZARD ABATEMENT
☒ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:

Build as per plans submitted

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$214,000.00
5/1/02 Date

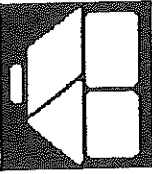
CONSTRUCTION OFFICIAL

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

UCC/PRO170 (REV/3/96)

PAYMENTS (Office Use Only)
Building <u>21210</u>
Electrical <u>911</u>
Plumbing <u>9100</u>
Fire Protection <u>692</u>
Elevator Devices
Other
DCA Training Fee <u>221-</u>
Cert. of Occ. <u>206</u>
Other <u>6000</u>
Total <u>214000</u>
Check No. <u>1774</u>
Cash
Collected By: <u>AB</u>

(see reverse side)



Date Received	Date Issued	Control #	Permit #
---------------	-------------	-----------	----------

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA	DESCRIPTION OF WORK
	AS per plans submitted. Renovation To Existing Dinner to new Restaurant

DESCRIPTION OF WORK

DESCRIPTION OF WORK
AS per plans submitted.
Renovation To Existing
Dinner to new Restaurant.

PLAN REVIEW		Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☐	No Plans Required	10/30/01	[Signature]	Type: Footing				
☒	All			Foundation				
☐	Footing			Slab				
☐	Foundation			Frame				
☐	Frame			Barrier-Free				
☐	Other			Insulation				
Joint Plan Review Required:				Finishes				
☐	Elec.	☐	Plumb.	☐	Fire	☐	Elevator	
SUBCODE APPROVAL				Energy				
☐	CO	☐	CCO	☐	CA			
Date: _____				Mechanical				
Approved by: _____				TCO				
				Other				
				Final				
				Barrier-Free				

Use Group	Present	Proposed
Constr. Class	Present	Proposed
No. of Stories	3.5	
Height of Structure	36'	Ft.
Area — Largest Floor	6753.	Sq. Ft.
New Bldg. Area/All Floors	17400	Sq. Ft.
Volume of New Structure	138,000	Cu. Ft.
Total Land Area Disturbed	1087	Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg.	\$	
2. Alteration	\$	
3. Total (1 + 2)	\$	514,000

UCC/PRO F-110 (REV3/96)

Professional Printing

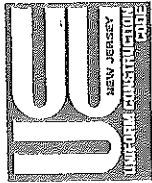
(856) 468-7933

1. White/Inspector Copy

3. Pink/ Office Copy

2. Canary/Office Copy

4. White Tag



ELECTRICAL
SUBCODE
TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 2213 Lot 4101
Work Site Location 175 Ramapo Valley Rd
Oakland N.J. 07436
Owner in Fee/Occupant Frank Amera
Address 155 Ramapo Valley Rd
Oakland N.J. 07436
Tele. (Tel) 337 8990
Contractor Cohi Electric Inc
Address 1 San Dr Kennerly

Tele. (201) 265-4822 Fax ()
Lic. No. 8003
Federal Emp. No. 722653508

B. ELECTRICAL CHARACTERISTICS

Use Group Present A3-S2 Proposed A3-S2
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Restaurant Utility Co.
Est. Cost of Elec. Work \$ 26,000.00

JOB SUMMARY (Office Use Only)

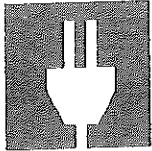
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
[] No Plans Required			Type:	Failure	Approval	Initial
Joint Plan Review Required:			Rough			
[] Building	[] Plumbing		Temp. Serv.			
[] Fire	[] Elevator		Constr. Serv.			
[X] Elec. Plans Approved			TCO			
Date: <u>10/20/01</u>			Other			
Approved by: <u>BS</u>			Service			
			Final			
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued			
[] CO	[] CCO	[] CA	Final Cut-in-Card Date Issued			
Date:						
Approved by:						

C. CERTIFICATION—IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Electrical Contractor [] Exempt Applicant



Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA

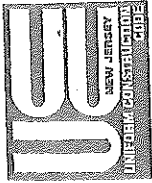
QTY. SIZE ITEMS
125 Lighting Fixtures
100 Receptacles
25 Switches
12 Detectors
14 Light Poles
14 Motors—Fract. HP
2 Emergency & Exit Lights
1 Communications Points
1 Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

200 Pool Permits/with UW Lights
200 Storable Pool/Spa/Hot Tub
200 KW Elec. Range/Receptacle
200 KW Oven/Surface Unit
200 KW Elec. Water Heater
200 KW Elec. Dryer/Receptacle
200 KW Dishwasher
200 HP Garbage Disposal
200 KW Central A/C Unit
200 HP/KW Space Heater/Air Handler
200 KW Baseboard Heat
200 HP Motors 1/4 HP
200 KW Transformer/Generator
200 AMP Service
200 AMP Subpanels
200 AMP Motor Control Center
200 KW Elec. Sign/Outline Light

Administrative Surcharge
Minimum Fee
DCA Training Fee
TOTAL FEE

UCC/PRO F-120 (REV3/96)
Professional Printing
(609) 468-7933



PLUMBING
SUBCODE
TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 2213 Lot 4101
Work Site Location 175 Remond Way Rd.
Oakland NJ 07436
Owner in Fee Engel Power
Address 155 Remond Way Rd.
Oakland NJ 07436
Tele. (201) 337-8090
Contractor JP Plumbing Heating
Address 91 Martin Pl.
Oakland NJ 07436
Tele. (201) 337-7670 Fax ()
Lic. No. 6673
Federal Emp. No. 153-582686

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed ✓
Building Sewer Size 4" Public Sewer ✓
Water Service Size 1 1/4" Public Water ✓
Est. Cost of Plumbing Work \$ 40,000.00

JOB SUMMARY (Office Use Only)
PLAN REVIEW
☐ No Plans Required
Joint Plan Review Required:
☐ Building ☐ Electric
☐ Fire ☐ Elevator
☒ Plumbing Plans Approved
Date: 12/18/99
Approved by: [Signature]
SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

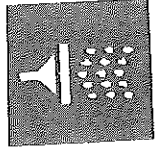
INSPECTIONS	Dates (Month/Day)		
	Failure	Approval	Initial
Type:			
Slab			
Rough			
Water			
Sewer			
Fixtures			
Gas Equipment			
Gas Piping			
Solar			
TCO			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature — Contractor's Seal
[Signature]

☐ Licensed Plumbing Contractor ☐ Exempt Applicant



Date Received 01/10/00
Date Issued 01/10/00
Control # 0000
Permit # 01818181

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
10	Water Closet	
4	Urinal/Bidet	
8	Bath Tub	
1	Lavatory	
12	Shower	
14	Floor Drain	
1	Sink	
1	Dishwasher	
1	Drinking Fountain	
1	Washing Machine	
1	Hose Bibb	
1	Water Heater	
1	Fuel Oil Piping	
1	Gas Piping	
1	Steam Boiler	
1	Hot Water Boiler	
1	Sewer Pump	
1	Interceptor/Separator	
1	Backflow Preventer	
1	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
1	Stacks	
1	Other	
1	Other	
1	Other	

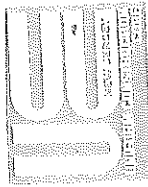
Administrative Surcharge \$
Minimum Fee \$
DCA Training Fee \$
TOTAL FEE \$ 9.00

UCC/PRO F-130 (REV3/96)

Professional Printing

(856) 468-7933

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy



FIRE SUBCODE TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 2213 Lot 41.8
 Work Site Location 175 Ramapo Valley Rd.
 Owner in Fee Oak Knoll Dr. 07436
 Address Frank Avenue
155 Ramapo Valley Rd. Oakland NJ.
07436
 Tel. (201) 337-8990
 Contractor Chielectrical Inc
 Address 5 Seams Dr
Ramapo NJ
 Tel. (201) 265-4822 Fax ()
 Lic. No. 8005
 Federal Emp. No. 222653508

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed A372 Fire Alarm System New Existing ()
 Constr. Class Present Proposed A372 Location of Panel Basement
 Heating Systems () New () Existing () HVAC ()
 Type: () Gas () Oil () Electric () Solar ()
() Other ()
 Location: None

Total Cost of Fire Protection Work \$ 8900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
☐ No Plans Required
 Joint Plan Review Required:
☐ Building ☐ Plumbing
☐ Electric ☐ Elevator
☐ Fire Plans Approved

Date:
 Approved by:
 SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
 Date:
 Approved by:

INSPECTIONS
 Type: Alarm System
 Suppression Sys.
 Standpipe
 Fire Pump
 Pre-Eng. System
 Mechanical
 Smoke Control
 TCO
 Final
 Other

Dates (Month/Day)
 Failure Approval Initial
 Failure Approval Initial
 Failure Approval Initial
 Failure Approval Initial
 Failure Approval Initial
 Failure Approval Initial
 Failure Approval Initial
 Failure Approval Initial
 Failure Approval Initial

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or) owner of record and am authorized to make this application.

Professional Printing

(856) 489-7993

Signature

DESCRIPTION OF WORK:

Water Supply Source City - Central
 Method of Alarm/Suppression System Supervision Central

Storage Tank
 Type: ☐ Flammable Liquid ☐ Combustible Liquid
☐ LPG ☐ LNG Capacity Fuel
 Alarm Systems ☒ 110v Interconnected NUMBER
☐ System
 Alarm Devices (i.e., smoke, heat, pull, water/flow) 14
 Supervisory Devices (i.e., tamper, low/high air) 7
 Signaling Devices (i.e., horn/strobes, bells)
 Other Devices
 TOTAL
 Suppression Systems
 Fire Pump GPM Type
 Dry Pipe/Alarm Valves
 Pre-action Valves
 Sprinkler Heads (Dry and Wet)
 Standpipes
 Pre-engineered Systems
 Wet Chemical
 Dry Chemical
 CO₂ Suppression
 Foam Suppression
 Halon Suppression
 Other
 Kitchen Hood Exhaust System
 Smoke Control System
 Gas ☒ or Oil ☐ Fired Appliances
 Other

Administrative Surcharge \$
 Minimum Fee \$
 DCA Training Fee \$
 TOTAL FEE \$

1 White = Inspector Copy
 2 Canary = Office Copy
 3 Pink = Office Copy
 4 Gold = Applicant Copy

UCC/PRO F-140 (REV3/98)

Professional Printing

(856) 489-7993

Signature

Date Issued 04/16/2002
Control #
Permit # 01-0469

UCC NEW JERSEY
STOP CONSTRUCTION ORDER

BOROUGH OF OAKLAND
MUNICIPAL PLAZA
OAKLAND, NJ 07436

Work Site Location 175 RAMAPO VALLEY ROAD
OAKLAND, NJ 07436
Owner in Fee AMEN
Address 155 RAMAPO VALLEY ROAD
OAKLAND, NJ 07436
IDENTIFICATION
Block 2213 Lot 4.01
Agent MANSON RIDGE BUILDING (HALL)
Address 56 PARLER AVENUE
HAUTHORNE, NJ 07506

ACTION

Date of Notice 04/16/2002
Compliance Due Date 04/16/2002
Date of Inspection 04/16/2002

You are hereby ordered to STOP CONSTRUCTION at the above location as of 04/16/2002 until further notice from this enforcing agency.

This Order is entered pursuant to N.J.A.C. 5:23-2.31(d) for violation of N.J.A.C. 5:20-2.12B5 which provides:

FAILURE TO PAY PENALTY NOTICE DATED 04/11/2002.

Permission to resume construction may be obtained from this enforcing agency after the following conditions are met:

PAY PENALTY AND PAY PENALTY FOR FAILURE TO COMPLY

Failure to comply with this Order will result in a penalty of \$ 100 per day for each day in which work continues after issuance of this Order.

If necessary, the enforcing agency will concurrently seek the Order of a court of competent jurisdiction restraining further work at the above location.

Pursuant to N.J.A.C. 5:23A-2.1, if you wish to contest the validity of the above action, you may file an appeal with the Construction Board of Appeals of the

CONSTRUCTION BOARD OF APPEALS, within 15 days of receipt of this form. The Application to the Construction Board of Appeals may be used for this purpose.

You application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections

of the Regulations in question, and the extent and nature of the relief sought by you. You may append any documents that you consider useful.

The fee for an appeal is \$ 50 to be forwarded with your application to the Construction Board of Appeals office at ADMINISTRATIVE BLDG, MAIN STREET, HACKENSACK, NJ 07601.

Should you have any questions concerning this Order, please call: JOSEPH MONTEMARANO/CONSTRUCTION OFFICIAL 201-337-1644.

BY ORDER OF:  Subcode Official



☒ NOTICE OF VIOLATION AND
ORDER TO TERMINATE
☒ NOTICE AND ORDER OF
PENALTY

Date Issued 12/7/2001
Control #
Permit # 01-0469

IDENTIFICATION

Work Site Location 175 RAMAPO VALLEY ROAD Block 2313 Lot 4.02
Oakland, NJ 07436
Owner in Fee Frank Amen Agent/Contractor Manson Ridge Building Corp
Address 155 Ramapo Valley Road Address 56 Parker Avenue
Oakland, NJ 07436 Hawthorne, NJ 07506

ACTION

DATE OF NOTICE: 12/7/01 COMPLIANCE DUE DATE: 12/7/01 DATE OF INSPECTION: 12/7/01

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that: N.J.A.C. 5:23 2.14 FAILURE TO OBTAIN CONSTRUCTION PERMITS...

You are hereby ordered to terminate the said violations on or before 12/7/2001.
No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

- ☒ Failure to comply with this Order will subject you to a penalty of \$ 350.00 per week.
- ☒ You are hereby ordered to pay a penalty in the amount of \$ 350.00 for each violation for a total penalty of \$ 350.00. Each week that any of the said violations remain outstanding after 12/7/2001 shall result in an additional penalty of \$ 350.00 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the Construction Board of Bergen, within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is \$ 50.00 to be forwarded with your application to the Construction Board of Appeals office at Administrative Building, Main Street, Hackensack, NJ 07601.

If you have any questions concerning this matter, please call: Joseph Montemarano/Construction Official
201-337-1644

Notice of Violation and Order to Terminate:

Date: 12/7/01

Notice and Order of Penalty:

Date: 12/7/01

J. Montemarano SCO
J. Montemarano CO



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

7/30/01
01-04609

IDENTIFICATION Block 2213 Lot 4.0
Work Site Location 175 Ramapo Valley Rd Contractor Mansions Ridge Building
Owner in Fee Frank Amen Address 56 Parker Ave
Address 155 Ramapo Valley Rd. Tele. (973) 473-3330
Lic. No. or Bldrs. Reg. No. _____ Federal Emp. No. _____

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER Foundation Footing.
(Subchapter 8 only)

DESCRIPTION OF WORK:

Replace Existing Footing Not Good Enough
For New walls.
Inspected by Architect NOT sufficient)

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

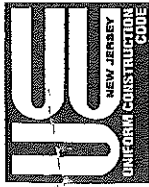
Estimated Cost of Work \$ 14,000.00
Date 7/30/01 CONSTRUCTION OFFICIAL [Signature]

PAYMENTS (Office Use Only)	
Building	<u>1000</u>
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	<u>1000</u>
DCA Training Fee	
Cert. of Occ.	
Other	<u>1000</u>
Total	<u>2000</u>
Check No.	<u>1000</u>
Cash	
Collected By	<u>CB</u>

(see reverse side)

UCC/PRO170 (REV3/96)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT



**BUILDING
SUBCODE
TECHNICAL SECTION**

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 2213 Lot 4.01
Work Site Location 175 Ramapo Valley Rd
Oakland, N.J. 07436
Owner in Fee Frank Amen.
Address 155 Ramapo Valley Rd.
Oakland, N.J. 07436
Tele. (201) 337-8900
Contractor Menzies Ridge Building Corp
Address 56 Parker Ave
Newark, N.J. 07102
Tele. (973) 423-3330 Fax (973) 423-2851
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

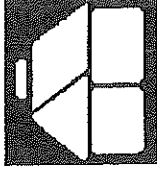
PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
☐ No Plans Required	☐ All			Type:	Failure	Approval	Initial
☒ Footing	☐ Foundation			Footing			
☐ Foundation	☐ Frame			Foundation			
☐ Frame	☐ Other			Slab			
☐ Other				Frame			
Joint Plan Review Required:				Barrier-Free			
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator	Insulation			
SUBCODE APPROVAL				Finishes			
☐ CO	☐ CCO	☐ CA		Energy			
Date:				Mechanical			
Approved by:				TCO			
				Other			
				Final			
				Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 3.5
Height of Structure 35' Ft.
Area — Largest Floor 17,200 Sq. Ft.
Rdg. Area/All Floors 17,200 Sq. Ft.
New Structure 20,380 Cu. Ft.
Bed 500 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____
2. Alteration \$ 14,000.00
3. Total (1+2) \$ _____



Date Received 7/30/01
Date Issued _____
Control # _____
Permit # 01-0469

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Frank Amen.
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove Existing Footings.
not sufficient for proposed.
New walls Replace
with 36" x 12, Footings.

Anthony Foundation

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other Foundation
☐ Demolition

FEE (Office Use Only)

\$ 10912
05
0010
13
Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA Training Fee \$ 1100
TOTAL FEE \$ _____

UCC/PRO F-110 (REV3/96)

Professional Printing

(856) 468-7933

1. White/Inspector Copy
2. Canary/Office
3. Pink/ Office Copy
4. White Tag



Oakland Borough
ONE MUNICIPAL PLAZA
OAKLAND, NJ 07436

Date Issued 6/17/2008
Control Number _____
Permit Number 01-0469
Permit Issue Date 7/30/2001
Certificate Number 01-0469

Certificate

Construction Code Division
(Temporary Certificate of Occupancy)

Identification

Work Site Location: 175 RAMAPO VALLEY ROAD , NJ Block: 2213 Lot: 4.01 Qual: _____
Owner in Fee: AMEN, FRANK
Owner Address: 175 RAMAPO VALLEY ROAD NJ
Telephone: _____
Contractor: MANSION RIDGE BUILDING CORP
Address: 56 PARKER AVENUE HAWTHORNE NJ 07506
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-378916

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-3 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ADDITION/NJAC 5:23 6.32

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate: This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

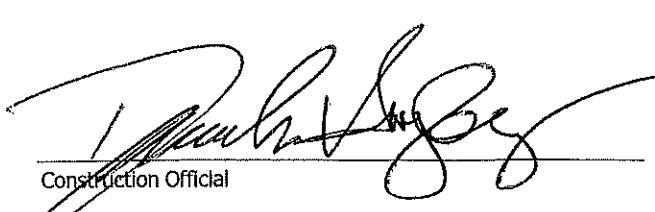
☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☒ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate: This certificate has an expiration date of: 9/17/2008
Conditions to be met:

SATISFY CONDITIONS OF BOND AS SPECIFIED....


Construction Official

Date Printed: 6/17/2008

U.C.C. F260 (rev. 08/05)

Fee: \$0.00
Check Number: _____
Collected By: _____

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